

Foster Family Home - Corrective Action Report

Provider ID: 1-190052

Home Name: Jonathan A. Dichoso, CNA

Review ID: 1-190052-1

94-321 Hilihua Way

Reviewer: Lisa Johnson

Waipahu

HI 96797

Begin Date: 6/12/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification made on 6/12/19. Corrective Action Report issued during home inspection with all items due to CTA by 7/12/19.

Foster Family Home

Personnel and Staffing

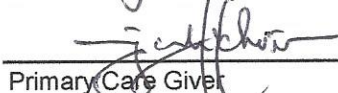
[11-800-41]

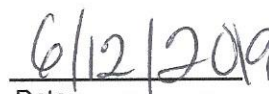
41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

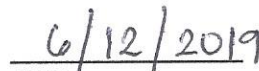
Comment:

41.b.6 Door leads to another home.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Jonathan A. Dichoso

CCFFH Address: 94-321 Hilihua Way, Waipahu, HI 86797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|---|----------------|---|
| 41.(b)(6) | I sent CTA proof from the Department of Planning Permitting that the house is approved as a Duplex. | 7/28/19 | I will kept permit in my CCFFH binder and all HHM's up to date for TB, ASPS/CAN and fingerprints. |

Primary Caregiver's Signature: _____

Print Name: Jonathan A. Dichoso

Date of Signature: 7/31/2019